

D.I. # _____

CIVIL ACTION**NUMBER:** _____

06CV531 KAS

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 405
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.30

6794 3169 1820 7005 1804 0004 1805 1804 1805

Postmark Here

Sent To WARDEN TOM CARROLL
Street, Apt. No.; DELAWARE CORRECTIONAL CENTER
or PO Box No. 1181 PADDOCK RD
City, State, ZIP+4 SMYRNA, DE 19977

PS Form 3800, June 2002 See Reverse for Instructions

